

### **Facility Address Change**

A facility may request a change in address at any time. To request a change in address please submit a request on facility letterhead with the following information:

- Former address of facility
- Current Address of facility
- Effective Date for the change in name

The request should be submitted to:

Program Director-Provider Services  
Indiana State Department of Health  
Division of Long Term Care, Section 4-B  
2 N Meridian St  
Indianapolis, IN 46204  
Telephone: 317-233-7794  
Fax: 317-233-7322